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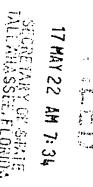
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MAY 2 2 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOTAL RECOVERY GROUP, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
rease retain an correspondence concerning this made to the following.
LLOYD THOMPSON Name of Person
Firm/Company
7106 LAUDER PLACE
TAMPA FL 33617 City/State and Zip Code
EXCELSEQUICESO 923 CYAHOD. 60 M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LLOYD THOMPSON =1,813,455-6280
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
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MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

-New-Registered Agent's Signature, if changing Registered Agent: - -

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of This document is being filed to merely reflect a change in the registered office address, I hereby confirm that the timited in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	LLOYD THOMPSON	7106 LAUDER PL	Add
		JAMPA, FL 33617	□ Remove
•		•	Change
ATTOR	TONY JACKSON	5506 N 50th Street, \$ 6	B Add
	-	Tanpa, FL 33 610	□ Remove
			Change
AMBR	MAURICE ROLLE	1059 W Busch BIVd	
·		Tampa, FL 33612	Remove
			Change
MBR	MARLON JACKSON	19203 Hardre Plac	<u>C</u> Add
		Tampa, FL 3363=	7 ☐ Remove
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	ord specifies a delayed effectiv 90th day after the record is fil		effective time, at	12:01 a.m. on the e	earlier of:
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Page 3 of 3

Filing Fee: \$25.00